REVIEWS.

ART. XIII. *Pathological and Practical Researches on Diseases of the Stomach, the Intestinal Canal, the Liver, and other Viscera of the Abdomen.* By JOHN ABERCROMBIE, M. D. Fellow of the Royal College of Physicians of Edinburgh, &c. and First Physician to his Majesty in Scotland. Edinburgh, 1828. pp. 396, 8vo.

MORBID affections of the digestive organs stand in the avenue by which the physician enters the field of practice, exacting from him the most scrupulous attention and continued observation. In addition to their multitude, and the variety of forms in which they appear as idiopathic or independent diseases, they are ever ready to fall into the train of other maladies, sometimes exasperating these to greater violence, and at others usurping their places and taking on characters more formidable than those of the original affections. It is therefore nowise surprising that they should have formed frequent subjects of inquiry, and received an ample proportion of speculation. Nor can it be denied that much useful practical information has resulted from previous observation and experience, but it is very certain that the pathology of diseases of the abdominal viscera has hitherto been exceedingly obscure, and so erroneous withal, as to lead often to the most dangerous modes of treatment. No better proof we think need be given of the confused opinions which have prevailed upon these topics, than a reference to the various modes of practice pursued by physicians of the greatest celebrity.

Within the last twenty years a precision has been attained in the diagnosis of diseases, which has greatly advanced the progress of the healing art, and for this incalculable advantage we certainly stand indebted mainly to the researches of the French. Dr. Abercrombie would fain have us believe that he is no advocate for the doctrines of the French pathologists, yet it is evident even from the first paragraph of his book, that he has attempted to build upon a foundation laid by them. He pays the strictest attention to the distinctions established by these in relation to the primary textures of organs, and the various and peculiar morbid derangements to which these tissues are liable. Had Dr. Abercombie conformed still more closely to the tenets of his continental brethren, especially in regard to some practical points,

we think his book would have possessed still greater value. As it is, however, we look upon it as composed under more favourable auspices than any other upon the same subject, in the English language at least, and propose giving a view of the most important matters of which it treats. This summary will be found rather analytic than critical, the chief object being to present our readers with practical information.

The author sets out with a physiological and pathological view of the various structures composing those organs, the diseases of which he proposes to investigate, and as we think his introductory observations may be interesting to many of our readers, we shall make free extracts from them.

The peritoneal, the muscular, and the mucous coats of the intestinal canal are the three structures concerned in this treatise.

The peritoneum, as is well known, is a serous membrane, liable to both acute and chronic inflammation, and to various remarkable changes of structure, some of which are evidently the result of inflammatory action, whilst others seem to have a different origin. The first effect of a certain low degree of inflammatory action upon serous membranes, appears to be simply an increased deposition of the serous fluid; and in this manner it is probable that a state of these membranes, which if not actually inflammatory, closely borders upon it, is sometimes relieved; the increased quantity of fluid being afterwards absorbed, and the parts thus recovering their healthy relations.

Remarkable varieties in the characters of the fluid deposited are, however, observed in different morbid conditions, some of which will afterwards be described.

Besides the diversities exhibited in their effused fluids, serous membranes, are chiefly liable to three morbid conditions of structure, viz. simple thickening, tubercular disease, and another affection wherein the surface of the membrane appears covered with nodules of various shapes and sizes, of a semi-pellucid character and smooth rounded surface.

The second structure is the muscular coat, which completely invests the whole extent of the canal. Little appears to be known relative to the intimate nature of diseases of muscular fibre, except what relates to derangement in its functions. In a muscular investment of a cavity, the principal deviations from the healthy state, according to our author appear to be the following:—

"A morbidly increased but uniform and harmonious action. This appears to arise chiefly from causes of irritation applied to the internal surface of such cavities. In this manner we see vomiting produced by various irritations applied

to the stomach; and diarrhœa by similar causes applied to the intestinal surface. A similar effect seems to arise from a morbid irritability of the surface itself, provided it be uniform over a considerable extent of the membrane; the ordinary stimuli producing in this case the same effect that the irritating causes do in the other.

"A morbidly increased but partial and irregular action. This appears to arise chiefly from morbid irritability of small portions of the internal surface; the ordinary stimuli producing at these parts an increased action, with which the other parts do not harmonize. This appears to be the state which is often expressed by the indefinite term spasm. It is seen in the urethra and œsophagus, in the affection which is called spasmodic stricture, and a similar condition appears to occur in the bowels, particularly in certain cases of dysentery, in which we find morbid discharges from the lower part of the canal, with retention of the natural fæces in the parts above.

"Diminution or loss of muscular power. In a muscular covering investing a cavity, this appears to arise from two causes, namely, over-distention, and inflammation. The former we see distinctly take place in the bladder, and there is reason to believe that something similar occurs in the bowels in certain states of ileus. Inflammation seems also to destroy the action of muscular fibre. Thus intestine which has been highly inflamed is generally found in a state of great distention, showing the complete loss of its healthy muscular action; and, if the disease has gone on until the intestine has either become ruptured or has given way by ulceration, it is found to have fallen together like an empty bag, without any appearance of muscular contraction, whereas healthy intestine, when it is empty, contracts uniformly into a round cord."

Another result of inflammation upon muscular fibre is gangrene, which, when found in the intestinal canal, affords strong reason to conclude that inflammation has existed in the muscular coat. It is, however, probable that gangrene may occur in each of the coats separately, without affecting the others, but giving rise to most important diversities in the symptoms.

The fourth and last deviation from a healthy state which our author mentions as occurring in the muscular coverings of cavities, is a thickening, described by French writers under the name of hypertrophia. By some of these, however, the term has been applied so as to designate a general thickening of all the coats.

The principal morbid affections of the mucous membrane are—

Inflammation and its consequences. The effect of the lowest degree of this appears to be simply an increase of its proper secretion, more or less changed in its qualities from the healthy condition. In another state of inflammation, we find the formation of aphthous crusts, and in a third the deposition of false membrane. This last is most frequently observed in the bronchial membrane, though it is also occasionally met with in the mucous tissue of the intestines. In a more advanced stage, inflammation of the intestinal mucous coat

terminates by softening or an ash-coloured pulpy degeneration of portions of the membrane; these fall out and leave spaces which are apt to pass into ulceration. Other alterations produced by acute diseases are mentioned by our author, but we shall proceed to notice those connected with the chronic forms of inflammation, chiefly indicated by an increased morbid secretion, kept up during a long period. "The membrane," he says, "is apt in such cases to become thickened and even indurated, so as considerably to diminish the capacity of the cavity. In this manner is formed stricture of the urethra, and diminution of the area of the intestinal canal."

"The follicles appear to be liable to a vesicular or pustular disease, which passes into small, defined, distinct ulcers, quite unconnected with any disease of the mucous surface." The cardia, pylorus, and rectum afford the most usual seats for affections of a tuberculous character, probably seated in the follicular or glandular structure. In these situations they frequently assume a scirrhous character.

The parts concerned in the absorption of the alimentary matter are sometimes so diseased, that although elaboration takes place in the usual manner, the chyle may pass off without entering the circulation. Disease of the mesenteric glands is the cause most familiar to us; but the same effect appears to result from certain conditions of the surface of the mucous membrane itself.

Morbid affections of the stomach our author has arranged and treated of under three heads or classes. The first includes those of an inflammatory kind, with ulceration and its consequences. The second embraces those denominated organic affections, and the third functional disorders, including dyspepsia.

He regards the disease commonly described under the name of *acute* gastritis, as extremely rare in an idiopathic form, unless produced by the action of acrid poisons, and observes that he has often been astonished to find how seldom he had met with signs of inflammation in the stomach, even when the organs most nearly connected with it had been inflamed in the highest degree. He considers the mucous membrane as the chief if not the entire seat of gastritis, which even in this situation is extremely rare as an acute or idiopathic disease. It is of the greatest importance that those who make observations upon this subject, should be well versed in the signs indicating the healthy and morbid states of the textures which are the seats of disease. Without some standard to which the appearances observed may be referred, the conclusions drawn from dissections will often tend to confuse and embarrass pathology. In this country

much valuable light has been shed upon these points by Dr. HORNER, to whose experimental inquiries and observations relative to the healthy and diseased appearances of the mucous membrane of the stomach and intestines, we would call the attention of all interested in the cause of a rational pathology.*

The difficulty of establishing the positive diagnostics of inflammation, has created great confusion in the treatment of gastric affections, symptoms closely resembling those attendant on active inflammation, having often been found speedily yielding to a treatment which would generally be esteemed highly dangerous in acute gastritis.

Without dwelling upon the symptoms of acute gastritis enumerated by our author, we shall proceed to notice another affection of the organ which he views as of much practical importance, namely, inflammation advancing slowly and insidiously into a chronic form, passing into ulceration, and assuming the characters of organic and hopeless disease. In the early stages of this affection, the prominent symptoms are often such as merely indicate derangement of the functions of the stomach, and are apt to be included under the general term dyspepsia. We shall notice a few of the symptoms of this affection which may perhaps be looked upon as the most decisive. Pain in the region of the stomach, various in degree, and mostly complained of only after eating, remaining with severity whilst digestion is going on, and subsiding with the completion of that process. The patient is on this account reluctant to take food, and apt to make use of such an expression as "I should be quite well if I could do without eating." In other cases there is no actual pain complained of, but a feeling of uneasiness and heat, and a great degree of pyrosis, the formation of an acrid fluid, and the conversion of every species of diet into intense acidity. Vomiting is an occasional attendant, but in the forms of this insidious disease there is great diversity in the symptoms. In a practical view, the most important varieties under which this ulceration of the inner surface of the stomach presents itself are the following:—

"1. A small defined ulcer of limited extent, with evident loss of substance, and rounded and elevated edges, varying in extent from the size of a split pea to that of a shilling. We may find only one such ulcer, every other part of the stomach being in the most healthy state; or we may find that there has been a succession of them, some of them cicatrizing, and others appearing, while the

* See Vol. I. No. I. of this Journal.

health of the patient gradually sunk under the disease, which after all may be found to have been of no great extent."

"2. Ulcers like the former, of small extent, perhaps the size of a shilling, but complicated with thickening and induration of the parietes of the stomach, perhaps to the extent of a crown-piece or more around the ulcer, all the rest of the stomach being perfectly healthy."

"3. Extensive irregular ulceration of the inner surface of the stomach, generally complicated with thickening and induration of the coats, and fungoid elevations."

Our author remarks that in some cases there is no actual ulceration, the prominent morbid appearance being a thickened state of the mucous membrane to a greater or less extent. The thickened portion in this case may be of a pale ash colour, or of a brown colour, or of a dark colour, with the characters of melanosis. He notices other complications of this disease, and remarks that there is much variety in its terminations. It may prove fatal by gradual exhaustion, by hæmorrhage from the ulcer, by perforation of the coats of the stomach, the contents escaping into the peritoneal cavity and producing peritonitis. These observations are illustrated by a selection of interesting cases, setting forth the progressive symptoms, and the morbid appearances after death.

A French writer, M. Gerard, has published a memoir upon this subject, entitled, "Des Perforations Spontanées de l'Estomac." Several cases are described by Dr. Crampton and Mr. Travers, in the Medico-Chirurgical Transactions, and by M. Ebermaier, in the Journal Complementaire, July, 1828.*

If the disease can be detected through its difficult diagnosis, our author recommends a treatment adapted to an early period, consisting chiefly of free and repeated topical bleeding, followed by blistering, issues, or the tartar emetic ointment. The food must be very small in quantity, and of the mildest quality, chiefly or entirely of farinaceous articles and milk, with total absence from all stimulating liquors. Distention of the stomach, even by the mildest articles, should be carefully avoided. Bodily exercise, so useful in dyspepsia, must be refrained from, and hence the importance of endeavouring to distinguish between the two affections. Little internal medicine is thought proper, except what is just sufficient to regulate the bowels. But in the more advanced stages the treatment must be changed, the external applications laid aside, and internal remedies resorted to.

* See Vol. III. p. 452, of this Journal, and also the Periscope of the present number, article Pathology.

Among these he mentions the oxide of bismuth, lime water and nitric acid, small opiates, combined with articles of a mucilaginous nature, astringents, such as kino, alum, and rhatany root, the arsenical solution, small quantities of mercury, as also of nitrate of silver, and especially the sulphate of iron. The author has left the choice and adaptation of these articles to the discrimination and judgment of the practitioner, and we infer, from the heterogeneous assortment of remedies presented, that his methodus medendi is founded upon the most obscure views. He thinks it yet remains somewhat doubtful whether the disease admits of a cure after it has advanced to ulceration, for, when cases terminate favourably, the previous existence of ulceration cannot be ascertained with certainty. That cicatrization can take place in the mucous membrane of the stomach, ample proof is afforded, by cicatrices being found in it after death. These, however, have been observed in cases where the disease has terminated fatally. It is plain that our author's views in relation to this subject are far from being clear.

Among other modifications assumed by inflammatory affections of this tissue lining the superior portions of the alimentary canal, several are worthy of particular notice. An inflammatory condition of the whole course of the mucous membrane, from the pharynx downwards, Dr. Abercrombie thinks sometimes occurs as an idiopathic affection, though most generally observed at an advanced stage of other diseases, as simple fever, pneumonia, or other phlegmasiæ. Without discussing the claims which might entitle this affection to rank as an idiopathic or symptomatic form of disease, we shall simply quote the description given of it by our author.

"There is," says he, "a peculiar rawness and tenderness of the whole mouth and throat; often with a dry and glazed appearance of the tongue, a deep redness of the pharynx, interspersed with aphthous crusts; and in some cases, the whole pharynx presents one continued dense crust of an aphthous character. There is generally tenderness on pressure in the epigastric region, with uneasiness in swallowing along the whole course of the œsophagus, and great uneasiness in the stomach, excited by the mildest articles of food or drink. In some cases this is immediately communicated to the bowels, and the articles speedily pass off by a rapid diarrhœa. In some cases vomiting takes place, and in others, both vomiting and diarrhœa."

The remedy which Dr. A. has found most useful in his practice, is lime water, either alone or mixed with an equal quantity of a strong decoction of quassia. Small opiates he says are required. The food ought to be of the mildest description, but if indications of sinking appear, wine or brandy should be given, mixed with arrow root.

Our author thinks that the aphthous affection of the mouth and throat which attacks and sometimes proves fatal to infants, has some alliance to the diseased condition of the mucous membrane just described, and that it is moreover often found connected with minute ulcers of the mucous membrane of the intestine.

The affection, to which the French have given the name of diptherite, is another modification of disease in the mucous membrane of these parts. This has appeared in Europe as an epidemic, chiefly attacking children.

"The first symptom is a deep redness of the tonsils or velum, without swelling or ulceration, but with the formation of aphthous crusts which are generally of a pure white colour. When these crusts are either removed or drop off spontaneously, the membrane beneath is seen to be deeply red without breach of surface, and the crust is reproduced in a few hours. We find usually excoriation, or very minute ulcers along the inner membrane of the cheeks and lips, and a painful excoriation of the nose, often sponginess and bleeding of the gums; and, in some cases, the whole mouth becomes inflamed in a manner resembling the effects of mercury. There is in general little fever, but great prostration of strength, and often a diseased state of the whole system."

The absence of ulceration will serve to distinguish it from cynanche maligna, and the sore throat of scarlatina. Sometimes this disease is slight, at others rapidly fatal, especially when it extends to the larynx. Indeed, on gaining this situation, our author thinks that its course is but little controlled by medical treatment. Under these circumstances his chief reliance is placed upon the free use of calomel, combined with occasional opiates. General bleeding cannot usually be borne, and blisters are apt to become gangrenous. Wine is sometimes necessary to support the strength, and the mineral and vegetable acids have been thought useful. When the stomach has been affected, bismuth or lime-water, with small opiates, are recommended. M. Bretonneau, who has treated of this affection at great length, in a work entitled "Des Inflammations Speciales du Tissu Muqueux," trusts chiefly to the free use of calomel, and touches the fauces by means of a sponge, with a mixture of equal parts of honey and hydrochloric acid. A similar mode of treatment has been found of advantage in some cases apparently of the same nature that have occurred in America.*

Our author notices in this part of his work, another affection, differing entirely from those which have been the subjects of the preceding observations; namely, the appearance of a soft gelatinous or pulpy

* In the Edinburgh Journal of the Medical Sciences for October, 1826, there is a paper upon this disease by Dr. Hamilton, jun.

degeneration of the substance of the stomach observed after death, when part of the softened portion is commonly found to have fallen out, leaving an opening with the surrounding parts in a thin state, and partially softened, but in general without any appearance of increased vascularity. The perforation is in some cases very large; in others, there are four or five perforations, separated by narrow portions in a partially softened state; and, frequently, there is no actual perforation, but merely a considerable extent of the stomach much softened, which tears upon the slightest touch. This appearance was noticed by HUNTER, who ascribed it to the solvent power of the gastric juice. In some cases it seems to have been preceded by disease of the stomach, whilst in others there have been no grounds for anticipating any such affection. Upon the whole, our author inclines to the belief that the affection takes place after death. Nearly the same observations may be applied to what the French writers have denominated remollissement of the stomach, an interesting memoir upon which has been published by M. LOUIS.

Among other affections embraced by our author under the separate head of "Organic Diseases of the Stomach," are, induration and thickening of the coats of the stomach, and diseases seated in the pylorus and cardia. In the first, the disease sometimes consists of a uniform hardness, with the characters of scirrhus, or almost cartilage; in others, it has more the appearance of a mass of tubercular disease, and frequently, a considerable mass of tumours projecting from it internally, is of a soft texture resembling the substance of the brain.

Disease of the pylorus, though liable in its first periods to be confounded with other gastric affections, is in its more advanced stage generally to be distinguished by periodical vomiting, occurring at intervals after meals, commonly accompanied with some fixed uneasiness in the region of the stomach. Sometimes induration can be felt externally. But extensive disease of this locality has been found after death where these and other characteristic symptoms had not previously existed. Our author relates cases illustrating the progress and termination of this scirrhous affection seated in both the orifices of the stomach. It appears very probable that the duodenum is occasionally the seat of affections which are mistaken sometimes for those of the stomach and liver. The leading peculiarity of disease in this portion of the intestinal canal, is that the food, taken with a relish, occasions no inconvenience until it begins to pass out of the stomach, an hour or two after a meal, at which time the pain is often felt with great severity, and may continue for several hours, generally extend-

ing obliquely backwards in the direction of the right kidney. For a good illustration of the peculiar characters of disease of the duodenum, Dr. Abercrombie refers to a case related by Dr. IRWIN, and published in the Philadelphia Journal for August, 1824.

In the next section our author introduces us to the familiar, may we not say almost threadbare, subject of dyspepsia, considered as a morbid derangement of the function of digestion, unconnected with any change of structure, either of the stomach itself, or of the parts adjacent. The dependence of the digestive process upon the influence of the eighth pair of nerves, he justly considers one of the most interesting discoveries made by modern physiologists. But although it has not yet led to any important practical results, we still think that, like many other recently demonstrated facts, it is destined to play, at some future period, an important part in the system of inductive medicine.

The functional derangements of the stomach mentioned by our author as the least conjectural, are the following:

Deficient action in the muscular coat, occasioning too long a detention of the alimentary matters, followed by imperfect changes and chemical decompositions. A morbidly irritable state of the mucous membrane leading to excitement of the muscular coat, and producing an evil precisely the reverse of that just mentioned, namely, either speedy rejection of the food by vomiting, or its propulsion downwards in a half digested state. Deficiency in the quantity, or alteration in the qualities of the fluids of the stomach.

Some of the most important rules laid down by Dr. A. for the treatment of dyspepsia, are the following. Regarding the muscular action of the stomach as more vigorous when the contents are in small quantity than when there is much distention, and supposing that the secretions are regulated by the quantity of ingesta they have to act upon, he lays it down as the first and great principle in the treatment of indigestion, that the quantity of food should be restricted so that no more shall be taken than the stomach is found capable of digesting in a healthy manner. It is found that the digestive process is carried on slowly, particular care should be observed not to take additional food until full time has been allowed for the solution of the former. If, for instance, the healthy period be four or five hours, the dyspeptic should probably allow six or seven. This is one of our author's golden rules, which is on no account to be infringed upon by the opposite course of breakfast, lunch, and dinner, all within the space of seven or eight hours. The quality of the articles taken as food, though usually regarded as the most essential consideration in the

treatment of dyspepsia, Dr. A. considers a minor consideration when compared to the importance of quantity. In fact, he thinks that the dyspeptic might be almost independent of any attention to the quality of his diet, if he rigidly observed the necessary restrictions in regard to quantity. "It is often," he continues, "remarkable, how articles which cannot be borne as a part of mixed diet, agree perfectly when taken alone; how a person, for example, who fancies that milk disagrees with him, will enjoy sound digestion upon a milk diet; and how another, who cannot taste vegetables without being tormented with acidity, will be entirely free from acidity on a vegetable diet." For ourselves, we think that the diet in these affections should be regulated by the state of the mucous membrane of the stomach. Sometimes the irritation in this amounts almost, if not absolutely to inflammation, in which case animal food, though generally agreeing best with dyspeptics, would prove highly injurious, and the diet should be restricted entirely to rice water, rice jelly, thin arrow-root, or bread and milk, according to circumstances, with a total abandonment of every thing stimulating, either solid or fluid.

In the medical treatment of dyspeptic complaints, our author prefers for the purpose of counteracting the usually slow motion of the bowels, a combination of columbo powder with carbonate of potass and a few grains of rhubarb, to be taken once or twice a day. He likewise recommends as tonics the use of sulphate of iron with aloes; the sulphate of quinine with aloes; oxide of bismuth, with rhubarb or aloes; and in particular the nitric acid, which, he observes, is often found one of the best correctors of acidity. Benefit is also derived from the other mineral acids and lime water. He very properly condemns the free use of stimulants, active purging, and the indiscriminate employment of mercury, which last remedy he would only admit of where there appeared to exist some derangement of the liver.

In the various forms of that unpleasant occasional attendant upon dyspepsia, gastrodynia, or pain in the stomach, our author says that he has found nothing of more general utility than the sulphate of iron, in doses of two grains, combined with one grain of aloes, and five grains of aromatic powder, taken three times a day. This of course is not of universal application, for the causes being various, must call for variety in the treatment. A modification of this affection met with in persons of a gouty habit, seems in general to be most relieved by stimulants combined with alkalies and small opiates. He, however, recommends caution to be observed in this course, since the cases may be connected with chronic inflammation or ulceration, when the consequences might be fatal.

Passing by some other troublesome affections introduced under this head, we shall submit a few of our author's observations relative to sympathetic affections of the heart, which assume such various forms, and frequently counterfeit so closely the character of organic diseases of the heart and large blood-vessels, as to create great alarm, and render discrimination very difficult.

"The slightest, and perhaps the most common form consists of a momentary feeling of a rolling or tumbling motion of the heart, like that produced by a sudden surprise or fright, and it is accompanied by an intermission of the pulse. This feeling may be repeated only once or twice at a time, and occur at long intervals; or it may return in rapid succession, for half an hour or an hour together; or it may be felt occasionally at irregular intervals, for several days or weeks, or for a still longer period."

Various other feelings, such as palpitation, irregular action of the heart, and even dyspnœa are perceived, but we shall proceed to state some of the principal diagnostic symptoms by which these affections may be distinguished from real diseases of the heart. A dyspeptic origin is indicated by the regular and natural action of the pulse and heart during the intervals between the attacks, relief from remedies directed to the state of the stomach, the symptoms being most apt to occur whilst the patient is at rest, and especially after meals, and being relieved instead of increased by active bodily exercise. Our author has given several highly interesting cases of this affection.

Some other disorders, which, from their situation and nature, appear allied to those of the stomach, are described in an appendix to this chapter. Among these are diseases of the œsophagus, and especially the various forms of dysphagia or difficult deglutition. The most frequent causes of this last affection according to our author, are—enlargement of the epiglottis, and diseases of the larynx, generally distinguished by very slight cough and difficulty of breathing.—Paralysis of the œsophagus, generally connected with disease of the brain or spinal chord, characterized by a sudden and complete loss of the power of swallowing, whilst a full sized probang might be passed without difficulty. The cases he observes generally got well soon, and in some of them electricity was extremely beneficial. One patient could not for some time swallow at all, except when he was seated on the electrical stool.—Simple stricture of the œsophagus, generally connected with a thickening of the mucous membrane at a particular spot, without disease of the other coats.—Contraction, with more extensive disease, as thickening and induration of the coats of the œsophagus, frequently combined with ulceration of the inner surface.—Tumours external to the œsophagus,

formed by enlargement of the bronchial glands, or those of the posterior mediastinum.—Polypous tumours growing from the inner surface of the œsophagus itself.—Collections of matter behind this tube, sometimes to an immense extent.—Aneurism of the aorta.—Disease of the cardia.—Morbid irritability of a part of the mucous membrane, probably giving rise to the form rather indefinitely denominated spasmodic stricture.

As the treatment of these numerous forms must be adapted to the various existing causes, the subject would be much too long to introduce here. We shall therefore proceed to another division of our author's book, wherein he treats of affections of the intestinal canal.

The leading pathological principles quoted at some length in the beginning of this article, are to be steadily kept in view during the consideration of diseases of the intestinal canal. The symptoms connected with inflammatory affections of these tissues in the abdomen are an irritable state of the bowels, assuming the characters of diarrhœa, cholera, and dysentery, denoting the mucous membrane to be the chief seat of disease; obstruction of the bowels, showing the affection to be seated in the muscular coat; whilst inflammation may exist in the peritoneal coat alone, and proceed to a fatal termination, the functions of the bowels continuing in a natural state through the whole course of the disease.

Our author considers diseases of these parts under the following divisions or heads: 1. Ileus; 2. Inflammatory affections of the more external parts, including peritonitis and enteritis; 3. Diseases of the mucous membrane. But as these affections are often more or less combined, their consideration must consequently be connected.

He thus describes the first-mentioned disease:—

"Colic and ileus are different degrees or different stages of the same affection, and the name, therefore, may apply to both. The symptoms in the early stages are pain of the bowels, chiefly twisting with great severity round the umbilicus, obstinate costiveness, and generally vomiting; but without fever, and commonly at first without tenderness, the pain on the contrary being rather relieved by pressure. As the disease advances, and if no relief be obtained, the abdomen becomes tense, tender, and tympanitic; the vomiting very often becomes stercoracious, with severe tormina, intense suffering, and rapid failure of strength. In this manner the disease may be fatal without inflammation, or at an advanced period it may pass into inflammation, and be fatal by extensive gangrene."

He investigates the conditions of the parts affected in the several states and stages of the disease, illustrating the various forms by a series of highly interesting cases, in which both the symptoms and appearances on dissection are detailed. Some of the pathological and

practical deductions drawn from these sources, we shall proceed to state in a summary manner.

"At the earliest period at which we have an opportunity of seeing the condition of the parts in a fatal case of ileus, it seems to consist in a state of simple distention, without any visible change in the structure of the part."

When life has been prolonged to a rather more advanced period of the disease, a tinge of vivid redness is found on the distended part of the intestine. In another stage, the distended portion presents a leaden or livid colour, without any sensible change of texture, which, however, at a still later period seems to pass into gangrene. All these appearances, our author thinks, commonly have their seat in the muscular coat, and may exist independently of peritonitis, although this may be combined with ileus in its more advanced stage.

As post mortem examinations of subjects that have died of ileus generally show some part of the intestine in a state of great distention, and another empty and collapsed, nearly in the form of a chord, a question has arisen which of these parts was to be looked upon as the true seat of the disease. Some have contended that a spasmodic contraction has occasioned distention of the parts above, but our author, rejecting the doctrine of spasm as applied to this subject, adduces many considerations in support of his opinion that the real seat of disease is in the distended portion, the other being a healthy condition of the bowel.

Some of the practical deductions furnished by Dr. A. are as follows. Pain increased by pressure he does not always look upon as a certain mark of inflammation in the bowels, since various observations have satisfied him that intestine which has become rapidly distended is painful upon pressure, although this kind of pain can by attention generally be distinguished from the tenderness of acute inflammation.

Sudden cessation of pain, and sinking of the vital powers, he thinks, are not necessarily indications of internal gangrene, since he has seen these symptoms existing with recent inflammation, and on the other hand, he has met with cases where there was extensive gangrene, although violent pain continued to the last.

He thinks the pulse a very uncertain index of the condition of the parts in ileus, it having appeared less affected in some cases where signs of considerable inflammation were observeable after death, than in others where none were met with.

Ileus, he observes, does not appear to be necessarily connected with feculent accumulation, or with any condition of the contents of the canal, it being sometimes fatal where the appearances are natural, or almost fluid, or in very small quantity. Neither does it appear

to be necessarily connected with obstruction in any part of the canal, since fatal cases occur without, and death has ensued after every thing like obstruction has been entirely removed. He gives a caution against forming a favourable prognosis in ileus from the appearance of feculent evacuations, since these may be dislodged from the lower and healthy portions of the intestine, while the disease above remains unchanged.

The first point Dr. A. recommends to be observed in entering upon the treatment of ileus, is to ascertain by accurate examination whether hernia exists, since this affection may be present without the patient being aware of it, and though so very small as to include only a minute portion from one side of the intestine, may yet, he says, be the cause of fatal disease.

The symptoms to be more particularly kept in view in the treatment of ileus are:—

"1st. Obstinate costiveness with distention of the abdomen, and considerable general uneasiness, but without tenderness or much acute suffering.

"2d. The same symptoms combined with fixed pain and tenderness, referred to a defined space on some part of the abdomen, frequently about the head of the colon.

"3d. Violent attacks of tormina, occurring in paroxysms, like the strong impulse downwards from the action of a drastic purgative; the action proceeding to a certain point, there stopping and becoming inverted, followed by vomiting, the vomiting often feculent."

In considering the practical application to be drawn from the above classification of symptoms, he discusses the important question, whether the operation of purgatives is advantageous or hurtful in ileus. Some cases, he observes, yield at first to a powerful purgative, whilst in others again, such a course appears highly injurious.

"A large dose of calomel will frequently settle the stomach, and move the bowels; but upon the whole, I think the best practice in general is the repetition at short intervals of moderate doses of mild medicines, such as aloes, combined with hyoscyamus."

We must confess our surprise at the *mild* prescription of Dr. Abercrombie, having always looked upon aloes as an energetic purgative, acting with particular force upon the large intestines, which it often irritates in a high degree. Viewing this article as only adapted to atonic conditions of the intestinal canal, we would carefully refrain from its use whenever we apprehended a highly irritated or inflamed state of the large intestines. The advantages derived from calomel in ileus we look upon as less equivocal, and are dis-

posed to ascribe them in part or altogether to some peculiar qualities in this metalic preparation, which we have often seen applied to external inflammations with the effect of allaying them. But it must not be forgotten that great inconvenience and danger often arises from the free internal use of calomel, especially when it has been long retained in the bowels. It appears very remarkable to Dr. A. that there are cases of ileus which yield to a full dose of opium after the most active purgatives have been tried in vain. Now, to us, this fact does not seem at all inexplicable, since we have witnessed over and over again from the external application of solutions of opium, the most speedy effect in soothing and allaying inflammatory affections of the mucous and other tissues. Why may not both opium and calomel be as useful in allaying inflammation when seated internally as when existing externally.

The other remedies on which our author places reliance are, bloodletting, which should be resorted to in every case of ileus, unless distinctly contraindicated by the age or habit of the patient, the relief being often so immediate that there is scarcely time allowed to tie up the arm, or get the patient out of bed before complete evacuation takes place.—The tobacco injection, administered at first with extreme caution, perhaps not more than fifteen grains, infused for ten minutes in six ounces of boiling water, repeated if necessary in the course of an hour, in the quantity of twenty grains, and so on till slight giddiness and muscular relaxation take place. These precautions observed, no unpleasant effects need be apprehended. With this treatment he recommends the conjoined use of "*mild* purgatives, such as aloes and hyoscyamus, repeated in full doses every hour or two." It would, we think, be easy to find some really milder purgative as a substitute for the aloes.

Opiates, he considered most applicable to cases characterized by paroxysms of violent tormina. If in such cases there be a frequency of pulse, and fixed pain or tenderness, a full bleeding, followed by an opiate, seems the best mode of treatment, the mildest means being afterwards generally sufficient to move the bowels.

When the system begins to be exhausted in the advanced stages, Dr. A. recommends as proper stimulants the aloetic wine, given in full doses of one or two ounces, repeated about every hour. The tincture of aloes may likewise be given in the same manner. Nor is the tobacco injection to be omitted even at this late period of the disease.

The other remedies he mentions are, the application of cold, either by dashing cold water upon the legs, the continued application of it

to the abdomen by means of wet cloths or cold injections:—The warm bath, previous to the occurrence of inflammatory symptoms:—Crude mercury in doses of one or two pounds, he says he has repeatedly used with the effect in some cases of allaying the vomiting, which appeared to be its only operation:—The forcible injection of a large quantity of fluid to the amount of six or eight pounds:—Large blisters over the abdomen:—Oil of turpentine applied externally and by injection. From the favourable termination of many cases deemed desperate, he recommends a steady perseverance in the medical treatment, notwithstanding the most unfavourable appearances.

In the general division of our author's treatise, the second part is devoted to inflammatory affections of the more external parts of the intestinal canal, including peritonitis and enteritis, and as a prelude to their consideration, he advances the following positions:—

1. Intestinal inflammation may be confined to the peritoneal coat, and run its course without interrupting the muscular action of the canal. 2. The inflammation may affect the peritoneal and muscular coats at once, in which case there will be the symptoms of peritonitis, combined with obstruction of the bowels, constituting the disease to which we give the name of enteritis. 3. Inflammation may be entirely confined to the mucous membrane, producing a train of symptoms altogether different from those which occur in the preceding cases, with a disease often running its course to a fatal termination, without any affection of the other coats. The inflammation may, however, spread from structure to structure, so that simple peritonitis shall pass into enteritis, whilst another affection beginning with diarrhœa or dysentery, may afterwards terminate by inflammation of the other coats.

From numerous cases, which he details for the purpose of illustrating the pathology of this class of diseases, he draws the following practical conclusions:—

"1. Extensive and highly dangerous inflammation may exist in the intestinal canal, without obstruction of the bowels; and it may go on to a fatal termination, whilst the bowels are in a natural state, or easily regulated by mild medicines, through the whole course of the disease.

"2. No diagnosis can be founded in such cases on the appearance of the evacuations. These may be slimy, and in small quantity; they may be copious, watery, and dark-coloured, or they may be entirely natural.

"3. Extensive and fatal inflammation may be going on with every variety in the pulse; it may be frequent and small; it may be frequent and full, or it may be little above the natural standard through the whole course of the disease.

"4. Extensive inflammation may go on without vomiting, and without con-

stant pain; the pain often occurring in paroxysms, and leaving long intervals of comparative ease.

"5. Keeping in view these sources of uncertainty, our chief reliance for the diagnosis of this important class of diseases, must be on the tenderness of the abdomen. This symptom should always be watched with the most anxious care, whatever may be the state of the bowels, or of the pulse, or the actual complaint of pain; and though the tenderness itself should be limited to a defined space of no great extent; for we have seen that with every variety in these respects, a disease may exist of a very formidable character, and be advancing to a fatal termination. A certain degree of pain upon pressure we have found attending a merely distended state of the intestine; but this differs from the acute sensibility of peritonitis in such a degree that an attentive practitioner can in general have no difficulty in making the distinction. When the tenderness exists without distention, as is frequently the case in the early stages of peritonitis, there can be no difficulty in the diagnosis."

Without entering into a particular description of the symptoms attending upon peritonitis and enteritis, we shall briefly refer to a few of the diagnostics noticed by Dr. Abercrombie. A leading peculiarity in peritonitis is that the bowels are not obstructed, being either natural or easily moved by mild medicines; but these evacuations are not attended with the relief expected. The pulse is commonly less affected in the early stages than it is in enteritis, being perhaps from eighty to ninety or ninety-six, and oftentimes little above the natural standard. Peritonitis also differs from enteritis, in having the pain occurring in paroxysms, and in the absence of vomiting. These symptoms relate only to the early stages, for as the disease advances, the pain becomes more fixed, and the usual characters of enteritis make their appearance.

Enteritis differs from simple peritonitis chiefly in being attended with vomiting and obstinate obstruction of the bowels. The pulse is in general more frequent and small, and the pain more violent and constant, often resembling the tormina of ileus. This, however, our author tells us is not invariably the case; enteritis being on the contrary, sometimes chiefly characterized by fever, with urgent vomiting and obstruction of the bowels, and tenderness of the abdomen, but without much complaint of pain.

From his general outline of the treatment of intestinal inflammation, we shall make a few extracts. Blood-letting, which, in accordance with the general opinion, he considers the most important of the general remedies, he recommends to be pushed to a great extent in all cases of active inflammation at an early period, and further advises in all urgent cases, that full bleedings be followed up by small

ones repeated at short intervals, when the effects of the others begin to subside. "The inflammation of a vital organ," says Dr. A. "should not be lost sight of above an hour or two at a time, until the force of it be decidedly broken; and, unless this take place within twenty-four hours, the termination must be considered as doubtful."

Our author regards purgatives in enteritis as hurtful, if administered before the inflammation has been subdued, and states that he has seen their action immediately followed by a renewal of the inflammatory symptoms. That they may and do act under these circumstances as irritants we fully believe, as may be inferred from what we have already said relative to their use in ileus. Independent, therefore, of the difficulty of making them remain on the stomach, we look upon purgatives as forming quite a secondary part in the treatment of acute enteritis. When called for in the latter stages of the disease, the very mildest should be preferred, not only from their occasioning the least irritation, but from their usually operating more promptly and efficiently than those of an active kind. Mild injections are highly useful auxiliaries.

In cases where, after the inflammatory symptoms appear to have been subdued, the pulse has continued frequent, Dr. A. says the digitalis may be given very freely with much advantage.

Before concluding our remarks upon intestinal inflammations, we shall notice an affection frequently attending upon them, namely, tympanitis. This may occur in the early stages of enteritis, from a temporary derangement of the muscular action, and may subside along with the inflammation. But at a more advanced period of the disease, it must be looked upon with much anxiety; for if it occur before the inflammation is subdued, it is generally a fatal symptom, denoting a complete loss of the tone of the bowels, and the existence of extensive adhesions. Tympanitis may, however, exist after the inflammation has subsided, from a mere partial loss of tone, in the intestinal coats, and under these circumstances the patient recover. The treatment recommended for this affection by our author, consists chiefly in the administration of small quantities of wine or brandy at short intervals; gentle compression and friction of the abdomen; injections of beef-tea; to which may be liberally added bark or sulphate of quinine, turpentine, tincture of assafœtida, and a moderate quantity of laudanum. These should be repeated every two or three hours. Laxatives are to be used with caution. He recommends for this purpose the aloetic wine. That most formidable affection which has been called the true tympanitis abdominalis, can scarcely be considered as under the control of medicine, arising as it does from per-

foration of the intestine and the escape of flatus into the peritoneal cavity.

As the inflammation in peritonitis sometimes assumes erysipelatous characters, Dr. A. has made this form the subject of a distinct chapter. In a pathological point of view, he considers the chief feature of this affection its termination ordinarily by effusion of fluid, without much, and often without any of that inflammatory and adhesive exudation, so characteristic of the more ordinary forms of peritonitis. The effused fluid is sometimes a bloody serum or sanies, occasionally mixed with a little pus, which subsides to the bottom of the vessel when the fluid is left at rest. In other cases it is milky or whey-coloured, or contains shreds or flaky matter. Occasionally it has all the characters of pus.

This affection is remarkable for the rapidity with which it runs its course, a sudden sinking of the vital powers sometimes occurring at a period so early as to prevent the adoption of any active treatment. It is frequently associated with erysipelatous affections of other parts; and Dr. A. speaks of its appearing as an epidemic. He thinks that when erysipelatous inflammation attacks internal parts or organs, it assumes characteristics decidedly different from common acute inflammation of the same parts. Women in the puerperal state are, he observes, liable to two distinct forms of peritonitis, which have not been sufficiently distinguished from each other. These are, acute peritonitis, presenting the usual symptoms, and another form, in which the symptoms are more insidious, and accompanied from an early period, by great prostration of strength, and fever of a typhoid character.

Chronic peritonitis Dr. A. thinks of more common occurrence than persons not familiar with pathological investigations generally suppose. He views it as a disease of the most insidious and dangerous character, the symptoms being extremely obscure. To be treated with any chance of success, the utmost attention must be paid to its earliest indications, for which we refer to our author's treatise, where a number of cases illustrative of the disease may be found. The treatment recommended consists chiefly in the repeated employment of free topical bleeding, blistering, confinement, rest, antiphlogistic regimen, and the mildest diet.

We come now to the portion of our author's work which treats of inflammatory affections of the intestinal mucous tissue, and shall insert a few of the practical conclusions which he has drawn relative to the principal diseases affecting this structure.

"1. Active inflammation of the mucous membrane, which varies considera-

bly in its characters, according to the extent and seat of the disease. It may be fatal in the inflammatory stage, by gangrene, by ulceration, and by passing into peritonitis.

"2. Chronic diseases of the membrane. This may supervene upon an acute attack, or may come on in a gradual and insidious manner without any acute symptoms. It generally goes on for a length of time, and is fatal by gradual exhaustion. Upon dissection it shows fungoid disease of the membrane, ulceration of various characters, or thickening and induration of all the coats of the intestine. It may be fatal more suddenly by perforation of the intestine and rapid peritonitis."

Among the acute inflammations of the mucous intestinal coat, dysentery is the form most prevalent and fatal in this country, where, however, as in other places, it is often attended with little danger: Accompanied with fever, constitutional disturbance, or vomiting, the disease, our author very properly informs us, is to be watched with much attention. When limited, as it is in a large proportion of cases, to the rectum or lower part of the colon, there is generally little danger to be apprehended, but if it be attended with pain and tenderness extending above the pubis, in the course of the ascending colon, the case must be looked upon as more precarious. If this tenderness, along with tension, extend into the epigastric region, there will be reason to apprehend an affection of the arch of the colon, which will make the case still more alarming. The danger may be considered extreme when there is ground to believe the whole course of the large intestine affected, chiefly, we suppose, from the violent constitutional disturbance that ensues.

In colonitis and tropical dysentery the disease extends through the whole of the colon, or through a considerable part of the small intestines, attended with copious discharges, at times, of thin healthy feces, varied occasionally by mixtures of morbid discharges, and by articles of food or drink little changed. In that most rapid and fatal disorder, Indian cholera, there is reason to believe a much more extensive affection of the intestinal canal, embracing the largest portion of the lining membrane not only of the great, but of the small intestines. In this last-named disease, inflammation of the mucous tissue is supposed to exist in its very highest form.

From the chapter devoted to the treatment of acute inflammations of the mucous membrane, we extract the following observations applied to dysentery. Dr. A. agrees with most practitioners of the present day, in respect to the great importance of general blood-letting in the early stage. He likewise thinks much benefit is to be derived from the application of leeches either to the abdomen, or, when the disease is seated in the lower part of the bowels, to the verge

of the anus. Blistering, diaphoretics, and the antiphlogistic regimen are all recommended. To quiet the general irritation, and also as a diaphoretic, he prefers Dover's powder, or ipecacuanha, in doses of one or two grains, three or four times a-day. James's powder, which is frequently prescribed for the same purpose, he objects to, upon the ground that in all inflammatory affections of the mucous membrane of the intestines, the effects of antimonial preparations are equivocal. He mentions a great variety of remedies that appear useful in a more advanced stage, after the inflammatory symptoms have been subdued, such as cusparia, lime water, oxide of bismuth, nitric acid, sulphate of alum, logwood, balsam of copaiva, acetate of lead, either administered alone or variously combined; as, for example, a strong decoction of cusparia with nitric acid and laudanum, oxide of bismuth with cusparia and Dover's powder. Nitric acid combined with opiates he thinks may be administered with advantage even in the early stages. He likewise speaks favourably, from his own observation, of charcoal given in combination with Dover's powder. The most useful injections, he thinks, are mucilaginous articles, or thin arrow-root, with an opiate, and infusion of tobacco, or of ipecacuanha, in the early stages, and after the subsidence of the urgent inflammatory symptoms to relieve the tenesmus, lime water, diluted at first with equal parts of milk or thin arrow-root, and with the addition of an opiate.

He does not look upon purgatives as forming a regular or essential part of the treatment of dysentery, but advises the occasional use of the mildest laxatives, more for the purpose of obviating the bad effects from feculent accumulations, than to act directly upon the disease. We think his views upon this subject highly judicious, and believe the very common practice of forcing the bowels into constant and inordinate action, by means of various cathartic medicines, very often extremely injurious, by aggravating and extending the existing inflammation. They are supposed to have the effect of checking the unnatural secretions, and changing the appearances of the evacuations, but it cannot be doubted that they too often increase these by adding to the morbid irritation or inflammation upon which these circumstances depend. We fully agree with our author in believing that the use of purgatives in dysentery demands much discretion.

In the chronic forms of disease in the mucous membrane of the intestinal tract, the treatment is acknowledged by our author to be "precarious," and the list of remedies which he mentions as appearing generally useful, afford abundant evidence that it is so. These are, lime water; vegetable bitters and astringents, especially cusparia and logwood; preparations of iron; small quantities of mercury with

opium, especially calomel with Dover's powder, or small doses of calomel with opium and ipecacuanha; the resins, as turpentine, balsam of copaiva or tolu, with small doses of opiates; sulphur with opium; nitric acid; various combinations of these remedies with each other. Again, repeated blistering on the abdomen is often very beneficial, as is also bandaging with a broad flannel roller, and the tepid salt water bath. He thinks from various trials of the medicine, that he has seen advantage result from the sulphate of copper lately recommended by Dr. GRENVILLE in various protracted affections of the bowels. The doses mentioned are at first half a grain, combined with an equal quantity of opium, which may, if necessary, be increased gradually to the extent of three grains with half a grain of opium, three times a day. In all affections of this kind, most rigid attention must be paid to diet. Animal food appears hurtful in every form, and the best substitutes for it are the various farinaceous preparations.

We are compelled to pass over some other morbid affections of the abdominal viscera, noticed in the last pages of Dr. Abercrombie's extensive treatise, our analyses having already reached beyond the limits originally proposed. Satisfied with placing before our readers those observations and conclusions which bear most immediately upon practical points, we have waived discussion as far as possible, even where so many occasions inviting it presented. The whole space allotted to this article would have been much too small for the arguments upon the single question, whether inflammation of the gastro-intestinal mucous tissue be the primary source of all fevers, as maintained by BROUSSAIS and others, or whether such inflammation is not of secondary origin. G. E.

ART. XIV. *A Practical Treatise on Parturition, comprising the Attendant Circumstances and Diseases of the Pregnant and Puerperal States.* By SAMUEL ASHWELL, Member of the Royal College of Surgeons, and the Medico-Chirurgical Society of London. To which are appended two Papers, the one containing some Remarks on Abdominal Surgery, the other on Transfusion; presented by Dr. BLUNDELL, of Guy's Hospital. London, 1828, pp. 546, 8vo. with 13 plates.

THIS work does not pretend to originality; it must be looked upon only as a manual of uncommon size. The author has borrowed liberally and judiciously from all the more recent English works upon the subjects

on which he treats; but rather too often, perhaps, without acknowledgment. There is but too little evidence of the author being an old and extensive practitioner of midwifery; and the "getting up of this work," must have had a sinister object; for his own experience, at least as far as can be determined by the practical value and bearing of this work, does not appear to justify its publication. We are not sufficiently acquainted with the London modes of getting into business, to make a very positive assertion upon the subject, yet we strongly suspect from this, and many other works of modern date, that "making a book" is one. It was not so formerly; for, "O! that mine enemy might write a book," was the impassioned expression of the wisest of men—but with the motive for publication we have nothing to do—it is certainly well "got up;" though its price is most unnecessarily enhanced by the introduction of SMELLIE's plates, as these plates utterly fail to answer the purposes for which they are intended; no drawings indeed, however ingeniously designed, or elaborately executed, can aid the student in the application of the forceps in the slightest degree. Besides, the two first plates do not represent the objects intended, at least not as they should do—but more of this by and by.

We however acknowledge with pleasure, that the principles he has adopted are generally correct; and the practice arising out of them, is for the most part unexceptionable. We also admit, that the work is modestly written; and is free from parade, or pedantry, as well as from misleading speculations.

Mr. Ashwell commences his work, according to usage, with a brief history of midwifery; as this occupies but four and twenty pages, much of interesting detail cannot be expected. He divides his subjects into four parts; in Part I. he treats of the "Obstetric Properties of the Pelvis; carefully noticing those Deviations which may obstruct Parturition."

In Chapter I. of this division, he considers the composition of the pelvis; the separation of its bones; its relation to the practice of midwifery; its deformities; the soft parts contained in it; and the mode of ascertaining its diameters. He is very concise on this part of his subject—which is no great error perhaps; for, as regards the healthy anatomical construction of the particular bones constituting the pelvis, little, or nothing new or interesting, can be said. But not so when either may be in a state of disease; as a slight deviation from a proper conformation, may very materially influence the mechanism of labour and the mode of terminating it.

We think that Mr. A. has given too much importance to the state of union between the coccyx and sacrum, when that joint *alone* is not

enjoying its natural or healthy powers, and from which a serious practical error may result. He says that the "anchylosis of this bone is of rare occurrence; and still more rarely produces any serious obstruction to parturition. We have, however, seen one case, in which the birth of the child was much retarded by the encroachment of this bone on the capacity of the inferior outlet of the pelvis." For when this part *alone* is in an unhealthy condition, all other things being equal, it can never cause any serious inconvenience, though it may perhaps create some delay in the progress of the head; for, as Baudelocque very justly observes, that when the consolidation of this bone with the sacrum obstructs delivery, "it is only in women who have also narrow pelves." We should not have stopped to notice this point, did not the belief of the consolidated condition of the coccyx lead to error in practice. We once knew this part fractured, by a practitioner who had adopted this notion, by introducing his finger into the rectum, and forcing the coccyx too far back—a very tedious and painful convalescence followed; the patient could not sit, but upon an open seat, for many months after this ill-judged interference.

We find nothing worth remarking upon in the other sections of "The Obstetric Properties of the Pelvis;" though the young practitioner may find some good practical remarks under the head of deformity of the pelvis; and some important cautions will suggest themselves in reading the case of the lady, who had several children destroyed by the perforator, and who was several times after, delivered without extrinsic aid, of living children.

Chapter II. is occupied by the description of the child's head; both in its natural dimensions, and where it is beyond the standard measurements. As there is nothing new in this chapter, we shall not attempt to analyze it.

Part II. comprises menstruation; the description of the gravid uterus, with the doctrines of conception, sterility, and the signs and diseases of pregnancy.

In treating of menstruation, he refers the reader to works of anatomy for the organ that produces it. He says, "we do not pretend to throw any new light on the causes of this periodical discharge." He looks upon the menstrual fluid as differing from the common blood in several particulars, as in colour, chemical analysis, constant fluidity, and its power of resisting putrefaction. He says, "the catamenia are invariably suppressed in pregnancy;" this is by far, too sweeping a declaration, if our experience avail us any thing.

When there is an entire failure in the appearance of the catamenia,

"nature," Mr. A. says, "almost invariably attempts to remedy the misfortune by setting up some other evacuation, which in a measure supplies the place of the proper one, as far as concerns their health. In some we find a periodical discharge from the nose, from the anus, from the puncta lachrymalia, from the ears or the nipples; and BAUDELOCQUE knew a woman of seven or eight-and-forty, who from the age of fifteen, had been regularly attacked every month by a vomiting and purging, which lasted three or four days. She never had the catamenia," p. 96. Cases of the entire want of the catamenia are certainly very rare—we have known but two instances; but in neither of these, did any compensating discharge take place, nor can we see the necessity in such instances; as in some, certainly, and in all, most probably, there existed defective organization; either the uterus or ovaries were wanting, or they were deficient in structure, or in development at least. Here there could be no necessity for the catamenial discharge, as the animal was not to profit by it; and it cannot be a sine qua non to health, since in both the instances just mentioned, the females enjoyed a very fair proportion of it. Not so, however, we are taught to believe, when this discharge has been accidentally interrupted; in such cases we hear of vicarious functions being instituted, though we have never in a single instance witnessed such a transfer of action. Nor is there any thing more remarkable in the case quoted from Baudelocque, than in the periodical appearance of hæmorrhoides in men; coincidence we believe must account for that phenomenon in Baudelocque's patient.

On the derangements of the catamenia, we find nothing novel or interesting.

Chapter II. is bestowed upon the "Gravid Uterus, with the doctrines of Conception, Sterility, and the Signs and Diseases of Pregnancy." On the subject of the condition of the uterine parietes during gestation, he does not appear to have made up his mind distinctly whether they become thicker or thinner; at least he says, "we are not aware of any facts which enable us to speak with absolute certainty on this point, as there are in the obstetric museum at Guy's Hospital, four preparations of the pregnant womb which demonstrate its thickness and thinness in an extraordinary degree." We are not informed of the circumstances connected with these "preparations," and which would be absolutely necessary, were conclusions to be drawn from them, as the four may have been in morbid conditions. The unusual thickness on the one hand might be owing to serous depositions from previous inflammation; while on the other, the extreme thinness may have been caused by an excessive flooding—in neither

case, therefore, could they be adduced as instances of the ordinary, or healthy œconomy of the uterus.

Mr. A. however, with the intention of proving, that in certain cases this great tenuity of the uterine parietes takes place, says that—

"A professional friend mentioned to me the following singular and interesting case:—A lady of delicate fibre who had borne several children, slipped off the pavement, but did not fall, in the last month of pregnancy. Acute pain was immediately felt in the uterine region, and when examined by a very experienced surgeon, so plainly were all the parts of the fœtus felt through the abdominal coverings that he did not hesitate to believe that the uterus was lacerated, and that the child had escaped into the abdominal cavity. In a few days, however, she was safely delivered "per vias naturales," of a healthy child, thus plainly showing, in this instance, the extreme tenuity of the uterine parietes."

We have seen in very delicate and emaciated women, the same kind of "*tenuity*" spoken of by Mr. A. that is, where almost the whole form of the fœtus could be traced, and portions of the limbs occasionally so prominent as to almost excite the belief, that they might be seized through the abdominal and uterine parietes. In these cases, however, there was but a moderate distention of the uterus, and no great abundance of liquor amnii. Yet all this does not prove a *preternatural* "*tenuity*" of the uterus; for so long as gestation advances healthily; that is, so long as the fœtus is regularly developed and nourished, the uterus must have its proper quantum of blood; and if this be so, its parietes will necessarily be of proportionate thickness; a circumstance of considerable consequence to its future action. This is abundantly proved by the loss of power the uterus sustains, when it is deprived of much blood, as in flooding cases. We see nothing more in this chapter to challenge our attention, or to elicit farther remark.

Chapter III. (by mistake called Chapter II.) treats of "Conception and Sterility." The author dismisses these subjects very soon; the former he treats with great brevity considering the strong temptations it holds out for ingenious, but perhaps unprofitable, speculation; on the latter he bestows but a few lines, notwithstanding its great importance in a pathological point of view. He makes sterility depend upon four principal causes; namely, 1, too early marriage; 2, ill health; 3, too frequent sexual intercourse; and 4, dysmenorrhœa.

The first of these causes does not appear to operate in this country to the end supposed. The second, unless the uterine system is implicated, rarely prevents conception. The third is an extremely

doubtful cause, since it would be difficult to define what degree of frequency of sexual intercourse, would constitute the cause of failure. "The effect of frequent intercourse in inducing sterility," Mr. A. says, "is obvious from the case of prostitutes, in whom it is said, the fallopian tubes contract adhesions with the contiguous parts of the peritoneum."

To us, this cause is very far from being obvious; first, because all are not barren. Second, because they escape *labours* by procuring *abortion*. Third, because the greater part are particular to wash the parts after intercourse, which may aid in the immunity from conception. Fourth, because it remains to be proved, that the fallopian tubes more frequently contract adhesions in wantons, than in modest women—that it has been more frequently observed in them, is every way probable; because they become very much more frequently the subjects of observation. Fifth, because these adhesions would not necessarily be fatal to conception, unless both tubes were thus circumstanced.

Chapter IV. is devoted to the "Signs and Diseases of Pregnancy." In this chapter the author successively treats of the affections incident to impregnation; or what Baudelocque calls the rational signs of pregnancy. But we find nothing to arrest us here.

Part III. is devoted to "Labour in all its Varieties." He divides labours into three classes. Class I. Natural labour. Class II. Difficult labour. Class III. Flooding labour.

"Annexing, as *exceptions* to natural labour, those *complicated* and anomalous circumstances which have generally constituted a distinct class." p. 220.

We are by no means certain that we comprehend the above sentence, we shall therefore pass it without remark.

"Class I.—Natural labour, may be defined, that which is occurring at the full time, the head of the child presenting, and the process being completed within twenty-four, or twelve, or frequently within six hours, without artificial aid, or the occurrence of any morbid affection. This comprises three orders."

"Order 1. Quick labours, occurring by far the most frequently, in which the process is easily completed within the prescribed time."

"Order 2. Lingering labour, the head of the child still presenting, but continuing beyond twenty-four hours, instrumental aid *not* being required."

"Order 3. Twin labour."

"Class II.—Difficult labour, or those in which the child may or may not present the head, and where the natural powers are generally insufficient to accomplish the delivery. This comprises three orders."

"Order 1. Presentation of the breech, of the superior or inferior extremities, or any combinations of these presentations, and which require *manual* aid."

"Order 2. Labours which cannot be completed *without the aid of extracting instruments*, of which some are designed to save the lives of both mother and child; while others are intended to preserve *the life of the mother*, at the expense of the life of the child."

"Order 3. *Impracticable labour*, or that in which the child, even when as much as possible reduced in size, cannot pass through the pelvis, and where the *Cæsarian* operation becomes necessary."

"Class III.—*Flooding labour*, including the *earlier* and *later* hæmorrhages attendant on gestation as well as parturition."

We have given Mr. A.'s classification entire, which it will be perceived, differs but little from the classifications of almost all the British writers, and consequently liable to the same general objections; namely, too much complication, in its general and detailed structure, and making portions of time essential to particular classes of the division. But every gentleman is entitled to his own notions upon this point; and perhaps no very serious injury will result, so long as his definitions are clear, and his exceptions well marked and accurately limited.

We very much prefer the classification of Baudelocque; it is much more natural as well as more perspicuous, as it embraces every possible variety of labour, without the risk of either the cases or orders being confounded. Besides it is much more easily understood by beginners, and is much less embarrassing to young practitioners. The propriety of making the presentation of the head essential to a natural labour, is very questionable; as its practical tendency may be highly injurious; for this part has its good, and its bad positions. But with the ill instructed practitioner all are alike, and the case is permitted to proceed even to the exhaustion of the woman and the death of the child, because it is a "natural labour," agreeably to definition.

Thus, it is the head which presents, in that very embarrassing case, where the chin leaves the breast in the beginning of labour, and would constitute from the head presenting, a natural labour, and more especially, if the woman can deliver herself within twenty-four hours, though this may be at the expense of the child's life. In this case, the judicious interference of the accoucheur may save many hours of severe suffering to the woman, and preserve the life of the child; but this interference would immediately confound the classes of labour, which would be a high crime and misdemeanor; since we are directed to do nothing in a "natural labour." The face is also a portion of the head; and the woman may struggle through the difficulties created by its particular position within twenty-four hours if left to herself; though it might be highly advantageous, and certainly agreeable to the best rules of practice, if a matured judgment decide, that

the woman shall not be subjected to such severe penalties, for the sake of definition.

Indeed the author himself seems to concede this point, when he says—

"It is of extreme importance that the mechanism of natural labour, or rather the *precise course taken by the child's head* in passing through the bony canal of the pelvis should be well understood; as it will be vain to expect the efficient management of a bad presentation of the head, when its simplest and most natural mode of transition is imperfectly known." And very judiciously adds, "We are well aware, that many practitioners deem this knowledge superfluous, as if the head do present, they trust implicitly to the natural powers for its delivery, thus not unfrequently condemning their patients to hours of suffering, which a slight acquaintance with the principles on which natural parturition is conducted, would have been amply sufficient to prevent." p. 236.

We are persuaded that much practical advantage is derived from the classification of Baudelocque, since it is altogether conformable to truth; that in all labours where the woman can deliver herself, as when the head, breech, feet, or knees present, are natural. And when she is not able to do so, that they are then preternatural; for either of these presentations may be essentially, or accidentally bad, and require assistance; for the particular presentation of the part itself may from mere peculiarity of position, require to be interfered with, as, for instance, the third and sixth of this author's head presentations; and the fourth of either of the breech, feet, or knees. Besides, the young practitioner finds much comfort, when he encounters a presentation of either the breech, feet, or knees, after he has been taught that these are ranged under the head of natural labours; and is thus prevented from unnecessary, if not from dangerous interference, to which he would be tempted, if he had been taught they were preternatural.

Mr. A.'s first order of Class II. appears to us to be particularly exceptionable; it confounds the presentations of the breech, feet, and hands, notwithstanding the essential differences of the mechanisms of labour, of the superior and inferior extremities; and as he directly asserts, that they all require "*manual* aid." Now it is a fact every way notorious, that the labours in which the breech and feet present, will sometimes be terminated with as much speed as success by the unaided efforts of the uterus, while those in which an arm may offer never terminates spontaneously; unless, indeed, it be insisted, that the tardy and uncertain movement called "spontaneous evolution," is an exception.

We are a little at a loss to comprehend the following sentence,

though from the manner in which it is introduced, it seemed to be considered of consequence by the author. "It is a rule in midwifery to see a patient about to be confined, as early as possible; for there may be a prëternatural presentation; and from the rupture of the membranes and the escape of the waters, the favourable moment for turning may be lost, previously to the arrival of the accoucheur," p. 229. Does Mr. A. mean that the membranes must necessarily be ruptured before the patient is seen by the accoucheur? This cannot be, yet what other construction can be given to it.

The author proceeds to make a number of practical, but well-known remarks upon "the changes immediately previous to parturition, delivery," &c. but as nothing new or striking present themselves, we shall pass by them, until we come to his description of the mechanism of a natural labour.

He illustrates "the most common presentation" by Plate I. to which he refers. This plate is extremely faulty, and were a young practitioner to form his opinion of the situation of the head at the superior strait from it, he would be very much deceived. The following are the faults we perceive in this representation. First, The angle of the opening at the superior strait is much too great. Second, The head does not enter in the direction of this angle, for the centre of the head corresponds with the superior margin of the symphysis pubis; the body of the child is completely vertical, and instead of the head being engaged in the upper strait obliquely forward, it is made to rest obliquely backward. Third, In this presentation of the head, (the first of Baudelocque,) the right parietal bone should be deeper in the pelvis than the left, but the contrary is represented by the plate. Fourth, The left ear is more within reach than the right; the reverse of this should be the case. The second plate is faulty, inasmuch as it should have represented the same presentation in progress; whereas it is an advanced stage of the second presentation; the third plate is good.

We cannot agree with the author in the following declaration:— "Cramps, which are occasionally arising from pressure on the obturator and sciatic nerves are favourable, inasmuch as they indicate the rapid descent of the child through the pelvis." p. 249. The contrary of this is most consonant to our observation, and also to truth, and for this plain reason, that in the more rapid labours, there is less friction between the head of the child and the lining of the pelvis; and consequently, the head is less liable to impinge upon the sacral nerves, than if it occupied the pelvic space with entire strictness. For these cramps do not take place until the face, or hind head, is about to

sweep into the hollow of the sacrum, and they are never so bad as when the head finds some difficulty from want of room in making this turn.

Mr. A. says, "a diversity of practice has obtained in the management of the membranes; some practitioners invariably leaving their rupture to the natural efforts, while others as invariably break them by artificial means, so soon as they are within reach, and before the dilatation of the os uteri is fully accomplished. Of the latter practice we do not approve; the rule should be, to leave their rupture to the natural efforts." We cannot but severely condemn the first plan, as it may very often occasion both delay and difficulty; nor can we approve of the author's regulation upon this point, as we are certain when it is strictly followed, it occasions much unprofitable delay, as well as creates a risk of subsequent evils—flooding, and retention of the placenta. Our habit for very many years is, to rupture the membranes whenever the os uteri is sufficiently dilated or easily dilatable; nor have we ever had reason to repent of this practice. By it, we are almost certain to procure more powerful contractions of the uterus, and prevent delay in the throwing off of the placenta. On the whole, the subject of natural labour is treated with judicious care.

"Order 2. Lingering labours; the head of the child presenting, but continuing beyond twenty-four hours, instrumental *aid not* being required." It is truly difficult to account for the lapse of twenty-four hours, being a period by which the character of a labour is to be distinguished; hours should never alone govern our conduct, as to the choice of means to terminate a labour. We have very often seen a necessity for manual, or even instrumental interference necessary, very much within the period of twenty-four hours; and much oftener have we witnessed cases terminate happily without extrinsic aid, that were protracted very much beyond the period of twenty-four hours. In midwifery, time should never be the guide; it is no principle in itself, nor can it possibly create one by which we should be governed; circumstances alone should regulate our conduct; and if these be well understood, and carefully weighed, we shall rarely err.

Had our author entertained similar sentiments, he would not, we think, have managed the following case as he declares he did.

"I was lately called to a case, and requested by the accoucheur to use instruments, where the patient had been in labour forty-eight hours with her first child; the parts had been rigid, and sixteen ounces of blood had been early abstracted; *the head had been for many hours resting on the perinæum, and the pains were ineffective and at distant intervals.* I encouraged the patient to hope for a safe delivery, ordered some solid nourishment and port wine negus; and

in three hours the labour was safely completed, *although the child was dead.*" p. 267.

We have italicised a part of this history, and we would ask why the forceps were not used as recommended by his more judicious companion under the circumstances thus marked! And we would farther demand, what other than a dead child could he promise himself after it had been so unnecessarily long delayed in the passage? This case illustrates any thing but sound practice.

Our author's remarks upon the use and powers of the ergot, are but mere reiterations; and his condemnation of blood-letting in cases of rigidity of the soft parts, are entitled to no weight, as he never appears to have adopted it, either to the extent, or under the circumstances for which it has been recommended. He says, "we cannot perceive that Dr. DEWEES has thrown any new light upon the subject; he has certainly recommended larger abstractions of blood, (a practice previously enjoined by MAURICEAU to *a moderate extent,*) than we should feel disposed to adopt, unless the *rigidity was extreme, the pulse very full and frequent, and the general tendency to inflammation and fever marked and decided.*"

The whole of this passage is remarkable for its incongruity and discrepancy. First. The author would insinuate, that *extensive blood-letting* had long since been recommended by Mauriceau, in cases of unusual rigidity; yet he instantly destroys his own assertion by declaring, that it was "to a moderate extent." Now, a large bleeding, and a small bleeding, are two distinct remedies in the cases under consideration; for the latter exerts no appreciable influence upon the parts intended to be relieved by it; while the former is certain, to produce the relaxation, so much desired.

Second. He confesses he would employ this remedy in cases where the "rigidity was extreme, the pulse very full," &c. now, is this not the very case, and conditions, for which a bold use of the lancet is recommended by Dr. Dewees? In what then does Mr. A. and Dr. D. differ? Certainly in nothing; for he adds immediately after, "we trust we should never hesitate to adopt the boldest and most vigorous treatment, when absolutely required." Dr. D. never does more, nor even that, but when it is "absolutely required." His fears for the patient after the loss of "thirty, forty, or even fifty ounces" of blood, are entirely groundless; for we have many times drawn that quantity under the circumstances just stated, and we can most conscientiously declare, we have never witnessed the smallest evil result from it.

The section of "Twin Labour" contains nothing that need detain us a moment. On the subject of "Complications of Natural Labour," our author seems to think he has improved the classification of labours by uniting the accidents incident to parturition, with the consideration of natural labour. He says—

"We are aware, that in associating these anomalous and complicated events with natural labour, we deviate from the course generally pursued, a distinct class having been assigned them. This arrangement, however, appears capable of improvement; for as all these occurrences may happen where the presentation is natural, it is certainly more simple, and perhaps more correct, to subjoin them to this order of parturition." p. 285.

He divides these affections into two classes:—

"First. Those which are remediable by proper treatment, and which less seriously involves the safety of the patient and her offspring; and, second, those which from the moment of their appearance are replete with danger, and which, notwithstanding the most able treatment, compromises the safety of both the mother and the child. In the first class we comprise obesity; syncope, not dependent on hæmorrhage from the uterus; rigors, vomiting, and fever. Hæmorrhage from any part except the uterus; obliquities of the uterus; distended or prolapsed state of the bladder. Prolapsus ani; œdema of the cervix of the uterus, and sanguineous or lymphatic infiltration of the external parts; malposition of the head; the descent of the funis, or the hand with the head. In the second class we enumerate, laceration of the uterus and vagina; laceration of the bladder; tumours in the pelvis; convulsions." p. 287.

Mr. Ashwell need have only consulted Baudelocque, or any of the French writers since his time, to have discovered the very association he has made, and which he seems to insinuate, is original with him. As respects ourselves, we entirely agree in the propriety of this arrangement; for we have been familiar with it ever since we read Baudelocque, and constantly acted agreeably to the indications they have severally afforded. It appears to us a little singular that "obesity" should be enumerated as one of the "accidents" accompanying a natural labour, any more than any other labour that may happen. It is a constitutional defect; but it never occurs suddenly during parturition. Therefore the observations on labours of very lusty women, properly belong to the considerations of labours in general, and should have been placed there. Fatness alone, does not necessarily create difficulty; we are in the habit now of attending several very fat women, and have attended many such since we have commenced business; but in no instance did this condition of body of itself create difficulty. It is true, we have in two instances encountered severe and tedious labours; but in both of these cases the pelvis was contracted;

in the majority of other cases the process was such as ordinarily occurs; in several, the labours were as rapid as in leaner women.

"Syncope, not dependent on hæmorrhage from the uterus," is not a frequent occurrence, nor is it alarming, when it depends upon some peculiarity of the nervous system. It is, however, occasionally very distressing, and requiring the immediate interference of the accoucheur. Of this kind are the cases related by Baudelocque, as proceeding from a gall-stone; and the one given by Dr. Davis, and for which no cause could be assigned. The one recorded by our author, we are of opinion was nothing more than the after-effect of the large doses of laudanum he administered during the progress of the labour, for half an ounce of this medicine was given in one hour, in enemata —we have several times seen long-continued syncopes from the use of opium.

Be this as it may, Mr. A. in managing this case did not act upon the principle he lays down for the treatment of syncope, when not occasioned by uterine hæmorrhage. For he says, that "the forceps and the ergot appear to afford the best chance of relief in these cases," yet he employed neither, in the case he has recorded—on the contrary, he permitted the labour to take its course, notwithstanding the uterus was "fully dilated" a long time before it terminated, though he says, "at one period I had prepared some infusion of the ergot, and should have used it had not the pains recurred."

It may be said, however, in this case, that Mr. A. pursued the proper course, as the labour terminated without the aid of either ergot or the forceps—we will only answer, it so happened; but had Mr. A. any security that this would take place without some extrinsic aid?

In his account of the bad position of the head, he includes the presentations of the face; the whole of this section seems to betray either a deficiency of experience, or a want of careful observation. His opinions on the face presentations, are at variance, so far as we know, with all the best writers upon midwifery. He has followed the arrangement of Baudelocque; but he has not profited by this enlightened practitioner's opinions upon the comparative safety of the respective presentations; for he insists, that "where the chin of the child is opposed to the pubes, is the most favourable position, both as regards the safety of the child and the facility of management." p. 309. We might oppose our own experience to this declaration; but we will do better; we will give the opinions of Baudelocque and Burns upon this point. The presentation under consideration, is the second face presentation of the first of these authors; of this he says, "we cannot expect to reduce the

head to a natural position, in the second presentation;* it would be wrong and dangerous to attempt it, but when the membranes have just opened." We cannot indicate with certainty the precise position of this species of presentation, in the work of Mr. Burns, as he expresses himself with very little precision on this point—therefore, lest we should commit ourselves in giving it a numerical location, we will quote the whole of the sentence that refers to the subject in question.

"The face may present with the chin to one of the acetabula, or to the sacro-iliac junction, or to the pubis, or to the sacrum. The first *two* are the best, the *second* is more troublesome, and the last is worst of all." Now if this statement be correct, there will be six presentations of the face; for if the chin can offer, either to an acetabulum or to a sacro-iliac junction on one side of the pelvis, it may be able to do so on both. But no matter; the chin he says may present to the pubis, and this "is more troublesome" than the two first. From this it is evident, that neither of these gentlemen regarded the presentation under consideration, "as the most favourable, both as regards the safety of the child and the facility of management." We may go further; we may even question the possibility of this position, and its reverse; and we think it would be no very difficult matter to prove this, were this the time or place.

For the relief of this case, our author says *turning* may be attempted, when "the pains are not very severe, and if the head has scarcely descended at all beyond the brim, the os uteri being well dilated." He adds, "we prefer, however, *if possible*, to rectify the position, and by disengaging the forehead and chin, convert it into a vertex presentation." Convert a face presentation into a vertex by "disengaging the forehead and chin."!! For there is not a mention made, of placing, or restoring the chin of the child to its breast, and without which, he could not convert a face into a vertex presentation.

"The *instrumental* management of these cases comprises the use both of the *lever* and *forceps*. If the presentation be early discovered, the lever may, *perhaps*, by judicious and skilful application, effect an alteration of position, more advantageously than the hand alone. To accomplish this purpose, it must be introduced by the side of the pelvis, and passing over the vertex, it must obtain a firm bearing on this part. We may afterwards depress the occiput, carefully raising up the face, by the fingers of the other hand."

Now we do declare, and this without the fear of contradiction, that

*"In the second position, the length of the face presents parallel to the small diameter of the entrance of the pelvis; but the chin is behind the pubes, and the forehead before the sacrum."—*Baudelocque.*

the operation now described never has, nor never can be performed; and for this plain reason—because it is impossible. No skill, no address, can place the clam of a lever upon the vertex, when the face is situated as just described; for it is mounted above the pubes, and even a little in advance of the symphysis; and consequently, would require that the handle of the vectis be carried farther backwards than even the point of the coccyx, (were this practicable,) before it could command the advanced vertex. Besides, in this case, the lever would not be long enough, as it is generally made, by several inches, were no other difficulty to present itself—it cannot be done, even upon the machine.

It is true, that our author may say, that the plan in question has been recommended by Baudelocque, who may be looked upon as paramount authority—but it is proper that we should not be misled even by Baudelocque, when reason and fact oppose his doctrine. For it has been attempted over and over again upon the *manaquin*, and the impossibility to perform, what has here been recommended, has been most successfully demonstrated. Now, if our datum be true, as we most honestly believe it is, Mr. A. cannot have written from his own experience; and he may verify for himself, what is here asserted, should this ever meet his eye, by repeating the experiment, *of reducing the vertex by means of the lever, when the face presents in the situation in question.*

We have dwelt longer upon this point than we intended; but its importance must plead our excuse; for in difficult cases, too much care cannot be exercised, that the young practitioner may not be mislead; for upon proper directions the lives of both mother and child may depend.

One of Mr. A.'s rules for the management of footling cases is very singular; and we are disposed to believe that the advice as it stands, to be a slip of the pen, rather than a deliberate direction to be literally followed. He says, "The rule, therefore, is, not to interfere until the nates are born; *not to rupture the membranes.*" Has Mr. A. ever seen a case at full time, in which the membranes were preserved until the nates were without! And we do not hesitate to say, that another which quickly follows, would as often destroy the child as it would preserve it:—

"In presentations of the breech and feet, this turn," (the great diameter of the head being placed to that of the strait,) "is equally desirable; and if, when the nates have reached the external parts, we find the toes pointing towards the symphysis pubis, we know the head is unfavourably situated. Grasping the parts firmly, therefore, having previously covered them with a napkin, we wait

for the next pain, and then such an inclination is to be given to the body of the child, as shall direct its abdomen towards its mother's spine." p. 350.

We look upon these directions to be wrong, from the beginning to the end, if the evil they are intended to remove, were absolutely certain of accomplishment. Because, first, it directs that the turn with a view to correct the position of the head, is not to be made until the nates are without; now we have no hesitation to say, if left until this period, it would either be unavailing, or injurious; unavailing, because, no movement that can be executed upon the body of the child, would have sufficient influence on the head, to make it change its position, for it would do no more than give a twist to the neck; injurious, because this very twist, would describe half a circle; one-quarter too much for the safety of the child. If this change becomes necessary from the presentation of the child, namely, as in the fourth of Baudelocque,* it should be attempted during the whole progress of the legs through the os externum; and even then its success would be extremely doubtful, owing to the head not obeying a twist given by the neck, however extensive this may be. But this twist should never exceed a quarter of a circle.

Second. He directs that this twist should have the co-operation of a pain—the very worst time to make the attempt; for during a pain, the head will be firmly embraced by the contracting uterus, and consequently cannot obey an impulse given to it by twisting the body of the child, if it should be even made to feel one by the manœuvre recommended by Mr. A. when not opposed by the contraction of the uterus.

Third. If it were granted, that the position of the head can be changed by a movement executed upon the body of the child, it might be fatal to it, as the chances are equal, that this twist may be given in a wrong direction.

There is room for remarks upon the want of precision in his directions for the delivery of the arms and head—but we must pass them by.

"Class II. Order 2.—Labours which cannot be completed without the aid of extracting instruments," &c. Sect. 2.

Of the Forceps.—Mr. A. commences his remarks upon these instruments with the following judicious and important remarks; and to which we most cordially subscribe:—

* "The fourth presentation of feet, the child's back and heels are towards the posterior part of the *uterus*, while the toes, the face, and the breasts are under its anterior part."—*Baudelocque.*

"If after a fair trial of every expedient, which the peculiar circumstances of the case may suggest, and after having allowed the fullest exertion of the natural powers compatible with the safety of the woman, the labour makes no advance, we must have recourse to instrumental aid, and while it is peculiarly desirable that this should not be prematurely bestowed, it is not less so, that a timid dread of the use of instruments, should not deprive the woman of her only chance of escape, from the generally fatal consequences of a too protracted labour. We do not deny the danger arising from the forceps and lever in the hands of hasty and injudicious practitioners." p. 358.

We cannot, however, approve of the practitioner waiting until alarming, and above all, until dangerous symptoms shall make their appearance, before artificial means be resorted to; we cannot therefore altogether approve of the rules for the use of the forceps as laid down by our author. A necessity for employing artificial means will exist agreeably to him, when

"The pains become weak, short, and inefficient, producing no effect on the head of the child; sometimes they are entirely suspended; and although their cessation *within the first twenty-four hours* does not justify the use of instruments, as it may be only temporary, yet if it occur at the end of the second or third day, if the pulse, the countenance, and the general appearance of the woman are expressive of extreme debility and fatigue, a strong presumption is afforded, that we have waited sufficiently long to unassisted nature. If, in addition to these symptoms, we have head-ache, mental inquietude, shivering and vomiting, a pulse 120 or 130, furred tongue, a hot skin, great thirst, abdominal tenderness, heat and soreness in the vagina and os uteri, we feel assured our patient has approached to a state, from the evil consequences of which instrumental aid will alone deliver her." p. 362.

We believe that we do not assert too much when we say, that no well instructed American accoucheur would wait until the above dangerous symptoms show themselves, before he would have recourse to efficient aid; and would feel it as bounden a duty by timely interference to prevent such alarming symptoms from taking place, as our author appears to feel it to be his, not to give assistance until they have occurred. We would ask, for information, what prospect of a happy termination has that practitioner who only resolves to employ the sole means that can afford relief, after the direful symptoms last enumerated have taken place?—we say, we ask for information; for the American practitioner rarely has it in his power to witness such a case, or to become acquainted with its result. In his estimation, it would present nothing but hopelessness and destruction; he may be wrong, however, in his prognosis; but he could scarcely be persuaded to put his judgment to the test, by permitting the case to run on, until such symptoms appear. Regulating the propriety of inter-

fering with a labour by the number of hours that may elapse, instead of being guided solely by symptoms on the part of the mother, and the preservation of its life on the part of the child, is the *very bane of sound practice;* but our pages warn us to stop, or we could say much upon this most interesting point.

Mr. Ashwell, like ourselves, is an advocate for the long forceps; and in the use of these instruments, has inculcated sentiments, in regard to this point, that we have often wished to establish. We therefore transcribe with much pleasure his observations; and we do this the more willingly, as they come from a quarter from which opposition almost alone, has been made to the use of these instruments; namely, Great Britain.

Mr. A. says, "There can be no doubt that many of the difficulties of parturition, for the removal of which the *perforator* has *often* been employed, were cases in which the head, owing to the contraction of the brim, could not, by the unassisted efforts of the uterus, be propelled into the cavity of the pelvis. The practitioner in these circumstances, unacquainted with the value of the long forceps, would wait probably for some considerable time; but finding that the head made no advace, perhaps that not *one*-third of its circumference was encircled by the brim, and knowing that it was impossible to reach it by the common or short forceps, and that exhaustion and other dangers might be induced by farther delay, feels little or no hesitation in *unnecessarily* sacrificing the life of the child to the safety of the mother. All instruments may be rendered dangerous, if too early and rashly used; yet we think that experience is decidedly in favour of the greater safety of the mother, from their too early, than from their procrastinated employment. Rupture of the uterus, abdominal and local inflammation, terminating in gangrene and sloughing, irreparable exhaustion of the system, and a series of other events not necessary to be enumerated here, may all be occasioned by a too protracted difficult labour. Indeed, we are sometimes almost induced to believe, that great evil has arisen from the multiplied and fearful associations which have been so invariably connected with the use of instruments. Some practitioners are thereby deterred from even thinking of their employment, till a period has approached when little good can be anticipated from their aid. Others think it so superlatively difficult to determine the cases proper for their use, and the precise time and manner of their application, that they think it unnecessary to acquire a thorough knowledge of the principles on which instrumental labour can alone successfully proceed, not remembering in some instances, valuable lives may be entirely dependent on their sole and unaided exertions, and that before they can obtain the assistance of another practitioner, their secret source of reliance, the proper moment for interference may have been finally lost." pp. 368–9.

In this general estimate of the value of the forceps; the advantages of the long, over the short; the dangers arising from too long delay, and the want of decision on the part of the practitioner, who may not be fully instructed in the more important principles of midwifery, as

we have before said, we most fully concur; for they are points we have often and earnestly endeavoured to enforce, though we may despair of ever producing entire conviction on the minds of such as are predetermined, from either education, constitutional timidity, confined instruction, or more limited experience, against the use of these instruments.

But let us not be understood as concurring in all the sentiments of our author on the use of the forceps, while the head of the child is still at the brim of the superior strait; for we are decidedly of opinion that much difficulty attends their use at this part of the pelvis. Indeed we think that none should undertake this operation but those who have become familiar with the application of these instruments at the lower portions of the pelvic cavity, and who are also thoroughly acquainted with the mechanisms of head presentations.

For it is not alone sufficient as our author declares, to "let it be understood, that although very rarely, that sometimes artificial aid is necessary—that it behooves the practitioner accurately to discover the nature of the difficulty opposing delivery, and how far it is likely to be overcome by the natural efforts; that if he deliberately determines these to be insufficient, he is next to ascertain the precise situation of the child's head, in reference to the pelvis." For after these difficulties are overcome, others of greater magnitude will remain to be surmounted; namely, the adjusting of the instruments *comme il faut*, upon the child's head; overcoming the resistance to its descent, and the proper navigation of it through the different straits. Nor can we agree that the knowledge by which all this is to be effected, can be either "clearly," or "simply taught"—for nothing short of considerable experience will ensure success, after the operator has been as "clearly and simply taught," the mode of applying the forceps when the head is at the superior strait, as the thing is susceptible of, without the aid of practice.

We are of opinion, that the author has not been sufficiently explicit on the subject of the deviations of diameter at the superior strait, for all the purposes of practical utility. For it is not enough for the ill instructed, who may seek for information in his book upon this head to be informed, that, "the long forceps is peculiarly applicable to those deformities of the brim of the pelvis, which are produced by contraction of its antero-posterior diameter." p. 371.

It would have been useful indeed, had he specified in explicit terms, the degree of contraction that precludes the use of the forceps altogether, or the extent, that can be surmounted by their aid; for almost every thing will depend upon the degree of opening in the an-

tero-posterior diameter of the superior strait. For if this diameter be contracted below three inches, these instruments must not be thought of.

He very properly and decidedly prefers the forceps in these cases, to the lever; for he very justly observes, that

"The lever, unlike the forceps, has no fixed fulcrum, and if the first degrees of force are not sufficient to overcome the obstacles, an additional degree of power, injudiciously imparted, may, by converting the bony pelvis into a fixed point of action, seriously injure the soft parts of the mother." p. 372.

We regret that one so apparently well acquainted with the power and utility of the long forceps, should so entirely have committed himself, by an indifference, whether these forceps have or have not a "*curvature.*" He says, "Some practitioners prefer this instrument with a *curvature*, by which the handles are thrown forward, and the perinæum rendered perhaps more secure. We do not think this a matter of importance, as, after all, the protection of the perinæum will mainly depend on the address and gentleness of the accoucheur." p. 373.

But the security of the perinæum is not the point in question; for were it reduced to this, its security might be trusted, though with some risk, to "the address and gentleness of the accoucheur." Much more important considerations present themselves when an accoucheur attempts to deliver from the superior strait; namely, 1st, the difficulty of applying the instruments; and 2d, the mode of operating after they are fixed. In the first case, the axis of the superior strait is so much in advance of the inferior, that the forceps can only be made to traverse it by very strongly forcing the handles, of even the curved forceps, against the perinæum, and carrying it backwards. Now if this be the case with the curved instrument, as it certainly is, how much more necessary, and at how much greater risk of injuring the integrity of this part, must it be with the straight? Indeed we are of opinion, that this operation should never be attempted, but by the curved forceps.

In the second place, it is absolutely essential to the success of this operation, that not only the axis of the superior strait be constantly kept in mind, but also that the oblique position which the head takes, (in consequence of the angle observed by it,) should be remembered, when it is about to enter and pass through this opening. For it must be recollected that the head does not, nor cannot offer perpendicularly at the upper strait, as the opening at this part is at an angle of from 35° to 40°; consequently, the power applied to the head in order to make it descend, must be in the axis of this departure from a per-

pendicular position; and to effect this, the handles of even the curved forceps must be made to press forcibly against the perinæum; and it would require that the point of the coccyx should be touched, if the straight forceps were employed, which would be very unsafe to the perinæum, if it could even be preserved by any care or address of the operator. Indeed it seems but just to say that the author appears to be aware of the force which must be applied to the perinæum, though he does not express it; for he says, (p. 365,) "If we are employing the long forceps, and the head is above the brim we should draw down in a line towards the coccyx."

There is much obscurity in the following passage:—"When we can feel the ear in a vaginal examination, the case is manageable by the forceps;" (is it not manageable when we cannot feel an ear? Has not the author just spoken of delivery from the superior strait;) and the latter part of this period is altogether unintelligible; for continues Mr. A. "as the blades, being twice the length of the finger, will embrace the head, except where syncope is occurring from hæmorrhage, the ear may have remained in this situation some hours before the forceps is absolutely required." p. 365.

Notwithstanding our conviction of the occasional necessity of the forceps, and our predilection in favour of the long ones, we cannot go the same length as our author, in recommending them; if we do, it is always under very severe restrictions, if the head has not passed through the superior strait. He says, "again, in those cases of hæmorrhage, syncope, or convulsions, arising when the head has not descended sufficiently low into the pelvis, to be within reach of the common instrument, the advantages obtained, both for the mother and child, by the use of the long forceps, are very decided." p. 372. We would not wish the inexperienced practitioner to be so far misled by these observations, as to attempt the relief of his patient by using the forceps when the head is situated as just specified. Turning in such instances, under its proper restrictions, is the proper remedy, when the cases demand manual interference. Of the mode of applying the forceps; of the vectes; of the perforator; and the Cæsarian operation, we shall say nothing; as we have already very far exceeded the limits we had prescribed to ourselves. And for the same reason, we shall pass in silence the whole of his third class, or flooding labours; as well as the fourth part of the work, comprising the diseases of the puerperal state, together with the appendix intending to notice these at some other time.

W. P. D.